

No. 2  
1-5-43  
5-17-39  
1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 3 1946 STANDARD CERTIFICATE OF DEATH**

State File No. 16644  
2250  
Registrar's No.

Registration District No. 149 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
434 W. 34th St. Terr.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 49 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 434 W. 34th St. Terr. 8  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dr. Herman A. Francke  
3. (b) If veteran, name war No. 3. (c) Social Security No. No

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nellie Francke  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Oct. 25 1873  
(Month) (Day) (Year)

8. AGE: Years 72 Months 76 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Overton, Pennsylvania  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Dentist

11. Industry or business \_\_\_\_\_  
12. Name Edward Francke  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary McCann  
15. Birthplace Pennsylvania 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. & Edward Francke  
(b) Address 436 W. 34th St. Terr.

17. (a) Burial (b) Date thereof May 20, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Quirk & Gobin  
(b) Address 20 W. Linwood

19. (a) 5-20-46 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 17th  
year 1946 hour 12 minute 30 P M.  
21. I hereby certify that I attended the deceased from May 17 1946  
to 5-17 1946  
that I last saw him alive on 5-17 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration minutes  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Epilepsy  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN gja  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Eather Wiedeman (M. D. or other) me  
Address 4050 Broadway N.C. Mo. Date signed 5-18-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
15526

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed..... *Howard W. Farmer*

Licensed Embalmer No. *4134*

P. O. Address..... *Homestead, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**